



**ASHA SCHOOL STUDENT RECORD BOOK**



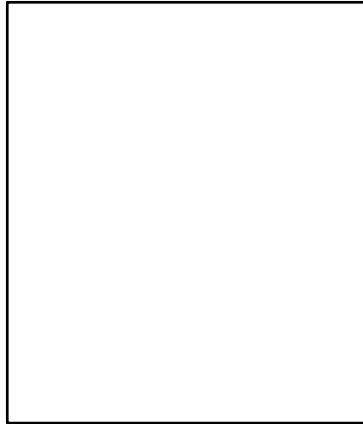
## **PURPOSE**

The Asha School Student Record Book is a brief yet comprehensive documentation of a student's learning trajectory at Asha School. This record book is collated with the purpose of implementing upgraded, standardised practices in assessment, program planning and interventions across all Asha Schools. It would also facilitate continuity in the rehabilitation program of the students as they move to a new station on parent's transfer. The Student Record Book will be issued to every student at the time of admission; maintained by the school, shared with parents when required and subsequently handed over to the students when they leave school.

Apart from this handbook, the Asha School Curriculum Guidelines and the need specific Therapy plans are to be maintained by the school and shared with the parents from time to time and handed over to them when the student takes the transfer certificate from the school.



# **STUDENT RECORD BOOK**



**STUDENT'S NAME-.....**

**SCHOOL'S NAME -.....**

**STATION'S NAME-.....**



## **CONTENTS**

- 1. Student Demographic Details**
- 2. International Classification of Functioning (ICF) Assessment Form**
- 3. Individualized Education Program**
- 4. Progress Report as per Asha Curriculum Guide**
- 5. Academic Report Card (SAMPLE)**
- 6. Parent Teachers Meeting Record**
- 7. Remarks at the Time of issue of Transfer Certificate**



## **DEMOGRAPHIC DETAILS**

Name of Student .....

Date of Birth.....Age.....Gender.....

Date of Admission.....Admission Number.....

Diagnosis (As per Disability certificate) .....

Father's Name.....

Education.....Occupation.....

Civil/ Army.....Rank (only for Army personnel) .....

Service Number.....Unit.....

Mobile Number.....

Mother's Name.....

Education .....Occupation.....Mobile Number.....

Residential Address(Present).....

.....

Residential Address(Permanent).....

.....

Mode of Transport to School.....

Mother tongue.....Other Languages.....

Siblings [No].....Brothers [No].....Sisters [No].....

Age and Education of siblings:

1.....

2.....

3.....

4.....

Any other important information [H/O significant medical/ family/ educational info]

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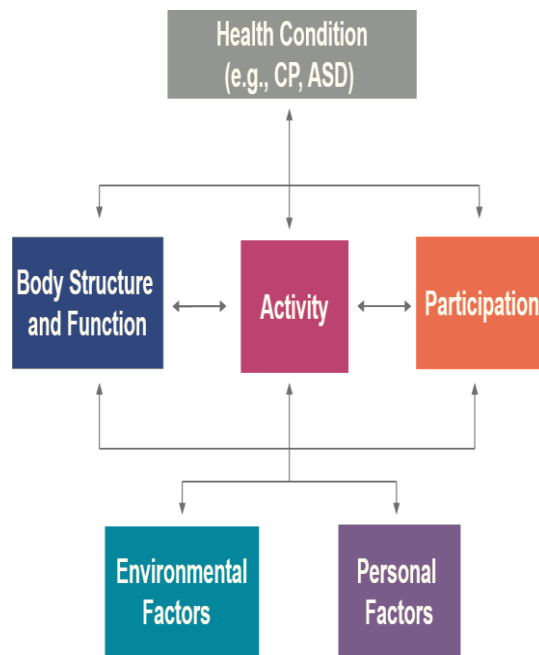
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## INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH



### Description

The International classification of functioning, disability and health is a frame work of universal, holistic, strength based and interactive model.

- **Body functions:** The physiological functions of body systems.
- **Body Structure:** Anatomical parts of the body.
- **Activities:** The execution of tasks or action by an individual.
- **Participation:** Involvement in a life situation.
- **Environmental Factors:** The physical, social and attitudinal environment. Mention barriers to or facilitators of the person's functioning.
- **Personal factors:** Internal personal factors like age, education etc. as to how disability is experienced by the individual.

(This can also be used to help in grouping of a student along with the Initial Educational Assessment).

### **References:-**

<https://www.canchild.ca/en/research-in-practice/f-words-in-childhood-disability/icf-resources>.



**CURRENT STATUS OF THE STUDENT ON ICF**

**DATE OF ASSESSMENT:**

|                                    |                     |                 |
|------------------------------------|---------------------|-----------------|
| <b>HEALTH CONDITION</b>            |                     |                 |
| <b>BODY STRUCTURE AND FUNCTION</b> |                     |                 |
| <b>ACTIVITY</b>                    |                     |                 |
| <b>PARTICIPATION</b>               |                     |                 |
| <b>ENVIROMENTAL FACTOR</b>         | <b>FACILITATORS</b> | <b>BARRIERS</b> |
|                                    |                     |                 |
| <b>PERSONAL FACTOR</b>             |                     |                 |

Teacher's Signature .....

Principal's Signature .....



**Individualized Educational/ Training Program Asha School**

|   |               |                   |  |  |                                |
|---|---------------|-------------------|--|--|--------------------------------|
| <b>Name:</b>                                      | <b>Class:</b> | <b>Programme:</b> | <b>Date of Implementation:</b><br><br><b>Date of Review:</b> | <b>Class Teacher:</b><br><br><b>Signature:</b> |                                |
| <b>Prioritized Learning needs/ Areas of focus</b> |               |                   | <b>Medical Issues and precautions<br/>If any:</b>            | <b>Language used:</b>                          | <b>Professionals Involved:</b> |
| <b>Long Term/ Annual Goals:</b>                   |               |                   |  |  |                                |





| Quarter- |       | Date of Implementation: |            |                     |              | Date of Review:    |                             |         |
|----------|-------|-------------------------|------------|---------------------|--------------|--------------------|-----------------------------|---------|
| Area     | CLOPs | SMART Goals             | Strategies | List of Activities: | TLM Required | Person Responsible | Goal Achieved/ Not Achieved | Remarks |
|          |       |                         |            |                     |              |                    |                             |         |
|          |       |                         |            |                     |              |                    |                             |         |



**Parental Involvement Plan/ Home Management Plan:**

Signature:

Parent:

Class Teacher:

Principal:



**Therapists Involvement Plan:**

**Transition Plan, if applicable:**

**Signature:**

Therapist:

Class Teacher:

Principal:



| Quarter- |       | Date of Implementation: |            |                    |              | Date of Review:    |                             |         |
|----------|-------|-------------------------|------------|--------------------|--------------|--------------------|-----------------------------|---------|
| Area     | CLOPs | SMART Goals             | Strategies | List of Activities | TLM Required | Person Responsible | Goal Achieved/ Not Achieved | Remarks |
|          |       |                         |            |                    |              |                    |                             |         |
|          |       |                         |            |                    |              |                    |                             |         |



**Parental Involvement Plan/ Home Management Plan:**

Signature:

Parent:

Class Teacher:

Principal:



**Therapists Involvement Plan:**

**Transition Plan, if applicable:**

**Signature:**

Therapist

Class Teacher

Principal



| Quarter- |       | Date of Implementation: |            |                    |              | Date of Review:    |                             |         |
|----------|-------|-------------------------|------------|--------------------|--------------|--------------------|-----------------------------|---------|
| Area     | CLOPs | SMART Goals             | Strategies | List of Activities | TLM Required | Person Responsible | Goal Achieved/ Not Achieved | Remarks |
|          |       |                         |            |                    |              |                    |                             |         |
|          |       |                         |            |                    |              |                    |                             |         |



**Parental Involvement Plan/ Home Management Plan:**

Signature:

Parent

Class Teacher

Principal





**Therapists Involvement Plan:**

**Transition Plan, if applicable:**

**Signature:**

Therapist

Class Teacher

Principal



### Pen picture of the student

[illegible]

1<sup>st</sup> Qtr: ..... 2<sup>nd</sup> Qtr: ..... 3<sup>rd</sup> Qtr: .....

[illegible]



**Grades for Co-Curricular Domain**

| S.<br>No. | Domain        | No of<br>activities<br>assessed | Final Grade |                        |                        |                        |
|-----------|---------------|---------------------------------|-------------|------------------------|------------------------|------------------------|
|           |               |                                 | Baseline    | 1 <sup>st</sup><br>Qtr | 2 <sup>nd</sup><br>Qtr | 3 <sup>rd</sup><br>Qtr |
| 01        | Co-Curricular |                                 |             |                        |                        |                        |

***GRADES: A- Takes initiative and participates effectively; B- Participates effectively when someone else initiates; C- Involves self but is not aware of rules/does not cooperate; D- Observes with interest; E- Not Interested; NE- No exposure)***

**Concluding Remarks**

**Teacher:** .....

.....

**Principal:** .....

.....

**Teacher's Signature**

**Principal's Signature**

**Parent's Signature**

[illegible]



## ACADEMIC REPORT CARD (SAMPLE)

**Name of the Student:**

**Class:**

**Pen Picture:**

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.....

.....

.....

| S No  | Subjects    | Quarter- 1<br>Marks Obtained | Quarter- 2<br>Marks Obtained | Quarter- 3<br>Marks Obtained | Max Marks |
|-------|-------------|------------------------------|------------------------------|------------------------------|-----------|
| 01    | English     |                              |                              |                              |           |
| 02    | Hindi       |                              |                              |                              |           |
| 03    | Mathematics |                              |                              |                              |           |
| 04    | EVS         |                              |                              |                              |           |
| 05    | Computer    |                              |                              |                              |           |
| TOTAL |             |                              |                              |                              |           |

| S No | Co-Curriculum    | Quarter- 1<br>Grade Obtained | Quarter- 2<br>Grade Obtained | Quarter- 3<br>Grade Obtained | Remarks |
|------|------------------|------------------------------|------------------------------|------------------------------|---------|
| 01   | Art & Craft      |                              |                              |                              |         |
| 02   | Music &<br>Dance |                              |                              |                              |         |
| 03   | Games/<br>Sports |                              |                              |                              |         |

| Grade | Description                            |
|-------|--|
| A     | Exceptional, outstanding and excellent |
| B     | Very good, good                        |
| C     | Satisfactory,                          |
| D     | Needs improvement                      |



| Quarter-1                    | Date: |
|------------------------------|-------|
| Teacher's Signature: .....   |       |
| Principal's Signature: ..... |       |
| Parent's Signature: .....    |       |

| Quarter-2                    | Date: |
|------------------------------|-------|
| Teacher's Signature: .....   |       |
| Principal's Signature: ..... |       |
| Parent's Signature: .....    |       |

| Quarter-3                    | Date: |
|------------------------------|-------|
| Teacher's Signature: .....   |       |
| Principal's Signature: ..... |       |
| Parent's Signature: .....    |       |



### **Parents Teachers Meeting Report**

| Quarter | Parents Name/ Signature | Remarks |
|---------|-------------------------|---------|
|         |                         |         |
|         |                         |         |
|         |                         |         |

Specific Concern if any by Parents:

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Teacher's Remarks:

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Principal's Remarks:

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Parents/ Caregiver:\_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_  
Principal Signature





